



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 3102-5938US (U-3103 (4314 P))
In re Application of Syroid et al.		
Application Number 09/686,263	Filed October 10, 2000	
For METHOD AND APPARATUS FOR MONITORING ANESTHESIA DRUG DOSAGES, CONCENTRATIONS AND EFFECTS USING N-DIMENSIONAL REPRESENTATIONS OF CRITICAL FUNCTIONS		
Group Art Unit 3763	Examiner A. Ahmed	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

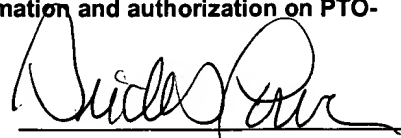
- ☒ One month (37 CFR 1.17(a)(1)) \$120.00
- ☐ Two months (37 CFR 1.17(a)(2)) \$ \_\_\_\_\_
- ☐ Three months (37 CFR 1.17(a)(3)) \$ \_\_\_\_\_
- ☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_
- ☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 60.00.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1469.  
I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a).

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

September 5, 2006  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature  
Brick G. Power Reg. No. 38,581  
\_\_\_\_\_  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/> *Total of _____ forms are submitted.
<b>CERTIFICATE OF MAILING</b>
Express Mail Label Number: <u>EV 826301852 US</u>
Date of Deposit: <u>September 5, 2006</u>
Person Making Deposit: <u>Brett Hooke</u>

09/08/2006 HLE333 00000013 09686263 60.00 0P  
02 FC:2251